CITY AND COUNTY OF HONOLULU DEPARTMENT OF HUMAN RESOURCES REQUEST FOR INTER-GOVERNMENTAL MOVEMENT

This form shall be used for all initial probationary employees moving from the State and other county jurisdictions to the City and County of Honolulu. All initial appointments must be made at the first step. Rules of the Director 6-3(b) require that a civil service employee moving to the City through an inter-governmental movement may be compensated above the minimum step/rate with prior approval of the director. The amount of compensation shall be reasonable and based on an evaluation of the employee's qualifications, operational and organizational need, existing staffing and compensation levels. The amount of compensation shall not exceed that provided by rules governing promotion, transfer or demotion, nor exceed the maximum step/rate of the appropriate pay range.

Instructions: The employee/applicant enters their name and social security number, then signs and dates this request. The leaving department completes the "FROM" portion of the form, and the department head or a designated representative certifies its accuracy. The City's receiving department completes the "TO" portion of the form, certifies its accuracy and forwards the signed original form to the Department of Human Resources (DHR). If compensation above the minimum rate is requested, the receiving department must provide justification and comply with the provisions of the City's hiring rates policy (Chapter V-2 of the Personnel Manual) and attach form DHR-EPS-28a for CSR 6-3(b) consideration prior to transmittal to the DHR. Upon DHR approval, receiving department provides copies of this form to the leaving department and employee. NOTE: For assistance with each item to be completed, press F1 for help.

Employee/Applicant Name:	Social Security Number:
Employee/Applicant Signature:	Date:
FROM:	TO:
Jurisdiction:	CITY AND COUNTY OF HONOLULU
Department:	Department:
Division:	Division:
Position Title:	Position Title:
Position Number:	Position Number:
Salary Range, Step & Rate:	Salary Range, Step & Rate requested by department*:
Pay Differentials, if any:	Pay Differentials, if any*:
Bargaining Unit:	Bargaining Unit:
Status:	Status:
Date of Hire:	* If requested rate is above the minimum rate of the appropriate pay range, attach completed "Request for Approval to Hire Above the Minimum Pay Rate" form. Compensation is not guaranteed until approved by the Director of Human Resources.
Step Movement/WRP date:	
Years/Months of service with other jurisdictions:	
Date of Separation (close of business):	Effective Date:
APPROVED:	APPROVED:
Appointing Authority signature:	Appointing Authority signature:
Date:	Date:
Director of Human Resources Signature:	Director of Human Resources signature:
Date:	Date: